

SENATE BILL No. 504

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-11-14.

Synopsis: Developmental disability pilot program. Requires the division of disability and rehabilitative services (division) to implement a pilot program for the training and implementation of a single point of entry system for individuals who are dually diagnosed with a developmental disability and a mental health condition. Sets forth requirements for the pilot program. Establishes an advisory board to analyze data collected throughout the implementation of the pilot program. Specifies the data to be collected concerning the pilot program. Requires the division to report, before November 1, 2017, to the general assembly concerning the pilot program.

Effective: July 1, 2015.

Grooms

January 14, 2015, read first time and referred to Committee on Family & Children Services.



First Regular Session 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

SENATE BILL No. 504

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-11-14 IS ADDED TO THE INDIANA CODE
- 2 AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE
- 3 JULY 1, 2015]:
- 4 **Chapter 14. Single Point of Entry Pilot Program**
- 5 **Sec. 1. (a) The division shall establish and implement a pilot**
- 6 **program that uses evidence based practices to:**
- 7 **(1) provide training across disciplines for target populations**
- 8 **of individuals who are dually diagnosed with a developmental**
- 9 **disability and a mental health condition;**
- 10 **(2) establish a single point of entry to a system that includes**
- 11 **the following:**
- 12 **(A) Twenty-four (24) hour crisis response.**
- 13 **(B) Network partnerships between the following types of**
- 14 **providers:**
- 15 **(i) Developmentally disabled.**
- 16 **(ii) Community mental health centers.**



1 (iii) Hospitals.

2 (iv) Psychiatric care; and

3 (3) collect and report data.

4 (b) The purpose of the pilot program is to focus on increased
5 community based supports for individuals who are dually
6 diagnosed, as described in subsection (a)(1).

7 Sec. 2. The pilot program must include the following:

8 (1) Community crisis prevention and interventions programs.

9 (2) A tertiary care model that encompasses links to provider
10 networks and systems.

11 (3) A standardized, cross systems crisis intervention planning
12 process that includes multiple levels of intervention.

13 (4) Training and mentoring for residential and vocational
14 service providers.

15 (5) Training and mentoring for mental health teams
16 concerning mental health diagnosis and treatment of
17 individuals with dual diagnosis.

18 (6) The use of trained navigators to coordinate services across
19 systems for high risk individuals who are dually diagnosed.

20 (7) Training opportunities statewide for providers of mental
21 health services, developmental disability services, and
22 intellectual disability services.

23 Sec. 3. (a) The division shall establish an advisory board
24 consisting of the following:

25 (1) The director or the director's designee, who shall serve as
26 the chairperson of the advisory board.

27 (2) A representative of a mental health advocacy organization.

28 (3) A representative of a mental health provider organization.

29 (4) A representative of an organization that advocates for
30 individuals with disabilities.

31 (5) A representative of a provider organization that
32 represents providers that provide services to individuals with
33 disabilities.

34 (6) A family member of an individual who has a
35 developmental disability or a mental health condition.

36 (7) An individual who has a developmental disability or a
37 mental health condition.

38 (b) The advisory board shall assist the division in the analysis of
39 data concerning the pilot program in comparison to data of areas
40 not participating in the pilot program. After review of the data, the
41 advisory board shall make recommendations to the division
42 concerning the pilot program. The division shall provide any



1 recommendations that would require statutory changes to the
2 general assembly in writing and in an electronic format under
3 IC 5-14-6.

4 Sec. 4. The division shall collect and analyze the following
5 information concerning the pilot program:

6 (1) Person-centered outcomes containing the following:

7 (A) Psychotropic medication management.

8 (B) Emergency room visits related to challenging
9 behaviors.

10 (C) Targeted reduction of reliance on enhanced staffing.

11 (2) Systems analysis in the following areas:

12 (A) Environments in which individuals are receiving
13 services prepilot program and postpilot program.

14 (B) Reduced reliance of first responders as an intervention
15 for challenging behaviors.

16 (C) Expenditures concerning crisis intervention.

17 Sec. 5. The division shall report to the general assembly not
18 later than November 1, 2017, in an electronic format under
19 IC 5-14-6 concerning the results of the pilot program any plan to
20 expand the pilot program statewide.

